

**ASSOCIATE CLINICAL SOCIAL WORKER
REGISTRATION APPLICATION PACKET**

1800 37A-519 (REV. 9/00)

400 R ST., SUITE 3150, SACRAMENTO, CA 95814-6240

TELEPHONE:(916)445-4933 TDD:(916)322-1700

WEBSITE ADDRESS: <http://www.bbs.ca.gov>

Dear Applicant:

Thank you for your interest in becoming a California Registered Associate Clinical Social Worker. Included in this packet are:

1. Instructions for Completing the Application
2. Applicant Live Scan Information
3. Application for Registration as an Associate Clinical Social Worker

BOARD OF BEHAVIORAL SCIENCES

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR REGISTRATION AS AN ASSOCIATE CLINICAL SOCIAL WORKER

Submit a completed application to:

Board of Behavioral Sciences
400 R Street, Suite 3150
Sacramento, CA 95814-6240

Please review this checklist to ensure that all required original documents are furnished to the Board. (Please retain a copy of all documents submitted to the Board.) All items are mandatory. Failure to provide any of the requested information may result in the application being rejected as incomplete.

- ☐ APPLICATION: Complete all sections, giving specific dates where requested. The application **must** be signed and all fees included.
- ☐ PHOTOGRAPH: Should measure approximately 2" X 2" and be taken within 60 days of the filing of this application. The photograph must be of passport quality of your head and shoulders only. The photograph is to be firmly affixed to the application, in the space provided.
- ☐ FEE: Submit a \$75.00 check or money order made payable to the Behavioral Sciences Fund. The fee is **NOT REFUNDABLE**.
- ☐ VERIFICATION OF EDUCATION: An official academic transcript verifying your receipt of a master's degree from an accredited school of social work. It is your responsibility to request an **OFFICIAL ACADEMIC TRANSCRIPT** verifying your education be sent to you IN A SEALED ENVELOPE from the educational institution you attended.
- ☐ VERIFICATION OF EDUCATION RECEIVED OUT-OF-COUNTRY: In order to expedite the evaluation of your degree to determine equivalency of a master's degree in social work in California, the Board suggests that you have your education evaluated by The Council on Social Work Education, 1600 Duke Street, Alexandria, VA 22314-3421, (703) 683-8080. Please submit this original "**detailed**" evaluation with your application for registration.

Please allow 60 days for processing. If the application is incomplete, you will be advised as to the additional required information or educational requirements. If acknowledgment of receipt is desired, you must send a self-addressed, stamped postcard that will be date-stamped and returned. *Acknowledgment of receipt does not constitute approval.*

I. INFORMATION

1. GENERAL:
 - a. All applicants are advised that any or all information furnished herein is subject to investigation; further, that this application and all papers and documents pertinent thereto are the property of the State of California and will not be returned; further, that **ANY FALSE, DISHONEST OR MISLEADING STATEMENTS IN THIS APPLICATION OR THE ATTACHMENTS ARE GROUNDS OR DENIAL OR SUBSEQUENT REVOCATION OR SUSPENSION OF THE REGISTRATION OR LICENSE FOR WHICH APPLICATION IS BEING MADE.**
 - b. Please be advised that post degree hours of experience will only begin accruing from the issuance date of your associate registration. Experience gained prior to the issuance date of your registration will **not** be credited.
2. ADDRESS and CHANGE OF ADDRESS:

The address you enter on any Board form is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address. Title 16, California Code of Regulations, Section 1804 states that all persons regulated by the Board shall maintain a current mailing address with the Board and shall notify the Board within 30 days concerning any change of address giving both the old and new addresses. **CHANGES OF ADDRESS MUST BE RECEIVED IN WRITING.**

3. LAWS AND REGULATIONS:

To obtain a copy of the *Laws and Regulations*, **please submit a written request and a self-addressed label to the Board** (type or print clearly your name and address on the label as it will be used to mail the publication to you), **or you may download the information from our internet website.**

4. DUPLICATION OF BOARD FORMS:

Applicants are granted permission to reproduce any form provided by the Board. **However, only those forms having original signatures will be accepted as part of any application.**

5. ADDITIONAL TRAINING:

Verification of this training must be submitted prior to or with your application for licensure.

- a. Child Abuse Assessment and Reporting (Section 1807.2 of Title 16, California Code of Regulations) - 7 contact hours.
- b. Human Sexuality (Section 1807 of Title 16, California Code of Regulations) - 10 contact hours.
- c. Alcoholism and Chemical Substance Dependency (Section 4996.2(e) of the Business and Professions Code; Section 1810 of Title 16, California Code of Regulations) - 1 semester unit with no less than 15 classroom hours.
- d. Spousal or Partner Abuse Assessment, Detection, and Intervention (Section 4996.2(f) of the Business and Professions Code). **PLEASE NOTE: THE NUMBER OF HOURS OR UNITS IS NOT SPECIFIED FOR THIS COURSEWORK. This coursework is required for those students who begin graduate training on or after January 1, 1995.**

II. REPORTING PRIOR CONVICTION(S):

California Code of Regulations, Title 16, Section 1813 states: "When considering the denial of a license or registration under Section 480 of the Code, the Board, in evaluating the rehabilitation of the applicant and his or her present eligibility for a license or registration shall consider the following criteria:

- (a) The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.
- (b) Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under Section 480 of the Code.
- (c) The time that has elapsed since commission of the act(s) or crime(s) referred to in Section 480 of the Code.
- (d) The extent to which the applicant has complied with any terms of probation, parole, restitution, or any other sanctions lawfully imposed against the applicant.
- (e) Evidence, if any, of rehabilitation submitted by the applicant."

Submit the following information with your application if you report that you have been convicted of a misdemeanor or felony (*including any convictions dismissed under Section 1203.4 of the Penal Code*):

- ☐ 1. A certified copy of the conviction and disposition of your case from the Court Clerk of the court in which convicted and any police reports.
- ☐ 2. A letter from you describing the underlying circumstances of the conviction. If convicted under a different name, please give that name.
- ☐ 3. A letter from you describing rehabilitation efforts or changes you have made to prevent future problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:
 - a. Proof of completion of probation if it was required.
 - b. Letters of reference from employers, instructors, professional counselors, probation or parole officers on official letterhead.

- ☐ 4. You must disclose **all** convictions even if they have been previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file, you may simply provide a written statement indicating that you believe the information is already on file.

III. REPORTING DISCIPLINE AGAINST LICENSE(S):

Submit the following information with your application if you report any disciplinary action you received against a professional license:

- ☐ 1. A certified copy of the determination made by the licensing entity. This document should include date and location of the incident, specific violation, date of disciplinary action, and sanctions or penalties imposed and completion dates.
- ☐ 2. A letter from you describing the underlying circumstances of the incident. If disciplinary action occurred under a different name, please give that name.
- ☐ 3. A letter from you describing rehabilitation efforts or changes you have made to prevent future problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:
- a. Proof of completion of probation if it was required.
 - b. Letters of reference from employers, instructors, professional counselors, probation or parole officers on official letterhead.
- ☐ 4. You must disclose **all** disciplines against licenses even if they have been previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file, you may simply provide a written statement indicating that you believe the information is already on file.

NOTE: Failure to provide the above information with your application will result in a delay in determining your eligibility.

**BOARD OF BEHAVIORAL SCIENCES**

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APPLICANT LIVE SCAN

The Board of Behavioral Sciences now utilizes Applicant Live Scan for its fingerprinting services. This service will enable the Board to process applications more efficiently by reducing response times from the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI). As a result, your application packet does not contain a fingerprint card and you are to disregard the information contained in the instructions relating to fingerprint card submission. **Do not submit fingerprint fees to the Board.** Submit application and/or examination fees only.

PLEASE NOTE THE FOLLOWING IMPORTANT INFORMATION:

1. **Forms & Instructions:** A Request for Live Scan Service – *Applicant Submission* form [BCII 8016 (10-98)] and the instructions on how to complete the form will be mailed to you once your application for registration or licensure has been received.
2. **Live Scan Services:** A list of the locations and business hours for the sites that offer Live Scan services is available at <http://caag.state.ca.us/app/livescan.htm>, or you may contact your local Police Department, Sheriff Department, or school district. You are strongly encouraged to call the Live Scan service site to determine if an appointment for fingerprinting is required.
3. **Payment:** The live scan agency will collect the fingerprint processing fees directly from the applicant. The processing fee for DOJ is \$32.00, and for FBI \$24.00. Please check with the Live Scan service site to determine additional fees charged for “rolling” prints and/or administrative processing. **DO NOT** submit fingerprint processing fees to the Board. **ALL APPLICANTS MUST HAVE THEIR FINGERPRINTS PROCESSED THROUGH DOJ AND FBI.**
4. **Issuance of Registration or License:** Registrations and licenses will only be issued if there is a clearance of the fingerprint requirement. This means the fingerprint result provided by DOJ and/or FBI indicated no criminal conviction(s), or the criminal conviction(s) provided to the Board has been evaluated and cleared by appropriate Board staff.
5. **Fingerprint Processing Timeframe:** The response time for Live Scan processing through DOJ is approximately 3 days, and FBI is approximately 7-15 days, for those with “no record.” Expect delayed processing times for those with a “criminal history.”

If you have any questions, you may contact the Board at (916) 445-4933.

BOARD OF BEHAVIORAL SCIENCES
(4/02)

**APPLICATION FOR REGISTRATION AS AN
ASSOCIATE CLINICAL SOCIAL WORKER**

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APPROPRIATE FEE MUST ACCOMPANY THIS FORM

*Make check payable to - Behavioral Sciences Fund**(Please type or print clearly in ink)*

1. NAME: Last		First	Middle	ATTACH A PHOTOGRAPH TAKEN WITHIN 60 DAYS OF THE FILING OF THIS APPLICATION (Head and Shoulders Only)
Maiden name and any other AKA				
2. ADDRESS OF RECORD:* Number and Street				
City	State	Zip Code		
3. BUSINESS TELEPHONE:	4. RESIDENCE TELEPHONE:			
5. BIRTH DATE: mo/day/yr	6. SOCIAL SECURITY NUMBER:**	7. SEX:		
8. EDUCATION: (Qualifying Degree)		9. NAME OF SCHOOL, COLLEGE OR UNIVERSITY:		

For Office Use Only:

Cashiering No. _____

FP Card Rec'd. ☐ YES ☐ NOConviction ☐ YES ☐ NODisciplinary Action ☐ YES ☐ NO

10. HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY TO, OR PLED NOLO CONTENDERE TO ANY MISDEMEANOR OR FELONY?

(Convictions dismissed under Section 1203.4 of the Penal Code must be disclosed. You need not include offenses prior to your 18th birthday or any traffic violations for which a fine of \$500.00 or less was imposed.)..... YES ☐ NO ☐*If YES, attach your explanation and related documents as described in the REPORTING PRIOR CONVICTION(S) section of the instructions. You must disclose all convictions even if previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file, you may simply provide a written statement indicating that you believe the information is already on file.*11. HAVE YOU EVER BEEN DENIED A PROFESSIONAL LICENSE, HAD A PROFESSIONAL LICENSE PRIVILEGE SUSPENDED, REVOKED, OR OTHERWISE DISCIPLINED, OR HAVE YOU EVER VOLUNTARILY SURRENDERED ANY SUCH LICENSE IN CALIFORNIA OR ANY OTHER STATE OR TERRITORY OF THE UNITED STATES, OR BY ANY OTHER GOVERNMENTAL AGENCY?.....YES ☐ NO ☐*If YES, attach your explanation and related documents as described in the REPORTING DISCIPLINE AGAINST LICENSE(S) section of the instructions.****I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing and that I meet with all the criteria stated therein and the information submitted on this form is true and correct. Providing false information or omitting required information is grounds for denial of licensure or license revocation in California.***_____
Date_____
Signature of Applicant**The address you enter on this application is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address.****Disclosure of your social security number (or federal employer identification number ("FEIN"), if you are a partnership) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of your social security number. Your social security number or FEIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number or FEIN, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.*